

ALL RISKS INLAND MARINE ADD / CHANGE FORM

CERTIFICATE NO. : _____

CABINET: _____

DEPT. _____

DIVISION: _____

CONTACT PERSON _____

TELEPHONE: _____

☐ PERMANENT COVERAGE

EFFECTIVE DATE (YYMMDD) _____

☐ TEMPORARY COVERAGE

EFFECTIVE DATE (YYMMDD) _____

EXPIRATION DATE () _____

TRANSIT COVERAGE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ONE WAY (1)	<input type="checkbox"/> ROUNDTrip (2)	<input type="checkbox"/> OTHER (# OF TRIPS)
EXHIBIT COVERAGE :	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

PROPERTY A ADDRESS: _____

UPDATE CODE	RECORD STATUS	ITEM #	PROPERTY CLASS	CLASS TYPE	OLD TOTAL VALUE	NEW TOTAL VALUE	COVERAGE CHANGE (+or -)	Rating Class Per \$100
		<u> </u>	OFFICE CONTENTS	10				\$ 0.25
		<u> </u>	FINE ARTS	20				\$ 0.25
		<u> </u>	CAMERAS/RELATED EQUIPMENT	30				\$ 0.42
		<u> </u>	MUSICAL EQUIPMENT	40				\$ 1.40
		<u> </u>	CONTRACTOR/FARM EQUIPMENT	50				\$ 0.37
		<u> </u>	RADIO/COMMUNICATION EQUIPMENT	61				\$ 0.37
		<u> </u>	SCIENTIFIC/MEDICAL EQUIPMENT	80				\$ 0.25
		<u> </u>	MISCELLANEOUS PROPERTY	90				\$ 0.50
<u> </u>	<u> </u>	<u> </u>	LAPTOP COMPUTERS	0				\$ 0.05
<u> </u>	<u> </u>	<u> </u>	EXHIBIT/ TEMPORARY	91				

FORM # IM-1 (7/00)

FOR STATE RISK USE ONLY